

ISSUE SLIP STAFF E. (Additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	5/15/01
FORMALITY REVIEW	11 B	954	6/6/01
RESPONSE FORMALITY REVIEW	7pb	1030	10-5-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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